

### Program Participant/Parent Evaluation Forms

Parents/guardians please fill this out with your child and return it to Ashland Parks & Recreation at either the Town Office or the Booster Club (Main Street). Thank you in advance for taking the time to fill these evaluation forms.

Program Name: \_\_\_\_\_ Date Offered: \_\_\_\_\_

**Participants please answer the following questions:**

What was your favorite part of this program? \_\_\_\_\_

\_\_\_\_\_

If you could change one thing about this program, what would it be? \_\_\_\_\_

\_\_\_\_\_

What are some other types of programs you would like to see offered? \_\_\_\_\_

\_\_\_\_\_